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UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF FLORIDA

DREW ADAMS, a minor, )  
)  
Plaintiff, )  
)  
vs. ) Civil Action  
) No. 3:17-cv-00739-TJC-JBT  
THE SCHOOL BOARD OF ST. )  
JOHNS COUNTY, FLORIDA, )  
)  
Defendant. )

VIDEOTAPED DEPOSITION OF PAUL W. HRUZ, M.D., Ph.D  
Taken on behalf of Plaintiff  
November 20, 2017  
(Starting time of the deposition: 8:58 a.m.)

Pl. Trial Ex. 090

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(The original exhibits were retained by the court reporter, to be attached to Mr. Gonzalez-Pagan's transcript.)

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THE SCHOOL BOARD OF ST. )  
JOHNS COUNTY, FLORIDA, )  
)  
Defendants. )

VIDEOTAPED DEPOSITION OF WITNESS, PAUL W. HRUZ, M.D., Ph.D., produced, sworn, and examined on the 20th day of November, 2017, between the hours of nine o'clock in the forenoon and six o'clock in the evening of that day, at the offices of Veritext Legal Solutions, 515 Olive Street, Suite 300, St. Louis, Missouri before BRENDA ORSBORN, a Certified Court Reporter within and for the State of Missouri, in a certain cause now pending in the United States District Court for the Middle District of Florida, wherein Drew Adams, a minor, is the Plaintiff and The School Board of St. Johns County, Florida is the Defendant.

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A P P E A R A N C E S

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The Videographer: Ms. Kimberlee Lauer

1           IT IS HEREBY STIPULATED AND AGREED, by and  
2 between counsel for Plaintiffs and counsel for  
3 Defendants that the VIDEOTAPED DEPOSITION OF PAUL W.  
4 HRUZ, M.D., Ph.D., may be taken in shorthand by Brenda  
5 Orsborn, a Certified Court Reporter, and afterwards  
6 transcribed into typewriting; and the signature of the  
7 witness is expressly not waived.

8                           \* \* \* \* \*

9           VIDEOGRAPHER: Good morning. We're going on  
10 the record at 8:58 a.m. on Monday, November 20th,  
11 2017. Please note that the microphones are sensitive  
12 and may pick up whispering and private conversations  
13 and cellular interference. Please turn off all cell  
14 phones or place them away from the microphones as they  
15 can interfere with the deposition audio. Audio and  
16 video recording will continue to take place unless all  
17 parties agree to go off the record.

18           This is Media Unit No. 1 of the video  
19 recorded deposition of Dr. Paul Hruz, taken by counsel  
20 for the Plaintiffs in the matter of Drew Adams versus  
21 the School Board of St. Johns County, Florida, filed  
22 in the United States District Court for the Middle  
23 District of Florida. This deposition is being held at  
24 Veritext Legal Solutions, located at 515 Olive Street  
25 in St. Louis, Missouri.

1 My name is Kimberlee Lauer from Veritext,  
2 and I'm the videographer. Our court reporter is  
3 Brenda Orsborn, also from Veritext. I am not  
4 authorized to administer an oath. I am not related to  
5 any party in this action. Nor am I financially  
6 interested in the outcome.

7 Counsel and all present in the room and  
8 everyone attending remotely will now please state your  
9 appearances and affiliations for the record, and if  
10 there are any objections to proceeding, please state  
11 them at the time of your appearance beginning, please,  
12 with the noticing attorney.

13 MR. GONZALEZ-PAGAN: Thank you. Omar  
14 Gonzalez-Pagan of Lambda Legal for the Plaintiff.

15 MS. RIVAUX: Good morning. Shani Rivaux  
16 with Pillsbury Winthrop Shaw Pittman, on behalf of the  
17 Plaintiff.

18 MR. KOSTELNIK: Good morning, Kevin  
19 Kostelnik of Sniffen & Spellman on behalf of the  
20 Defendant.

21 THE WITNESS: Paul Hruz --

22 MR. HARMON: And this is Terry Harmon on the  
23 phone, as well, for the Defendant.

24 THE WITNESS: And Paul Hruz, pediatric  
25 endocrinologist, witness for the defense.

1 DR. PAUL HRUZ,  
2 of lawful age, being produced, sworn and examined on  
3 behalf of the Plaintiff, deposes and says:

4 EXAMINATION

5 QUESTIONS BY MR. GONZALEZ-PAGAN:

6 Q. All right. Dr. Hruz, thank you for being  
7 here today. I know you're a busy man. As you're  
8 aware, I represent Drew Adams, the Plaintiff in this  
9 litigation, and I'll be asking some questions about  
10 your opinions in this case today. I just want to go  
11 over some ground rules just to get started. First, do  
12 you understand that you're under oath today?

13 A. Yes, I do.

14 Q. And that -- that this requires to testify  
15 truthfully?

16 A. Yes, I do.

17 Q. We cannot be speaking at the same time. It  
18 will be annoying to the court reporter. It will make  
19 it difficult for you to hear me, me to hear you. So  
20 please let me finish a question before you start  
21 answering it, and I'll strive to do the same as well,  
22 and let you finish answering before I go into another  
23 question. Is that agreed?

24 A. Very good. Yes.

25 Q. If you don't understand something I ask,

1 identity, a gender identity, that does not correspond  
2 with their sex.

3 Q. Okay. So now understanding that term, I ask  
4 you, would you agree with me that there are  
5 transgender people?

6 A. I would agree that there are individuals  
7 that have a gender identity that does not match their  
8 sex.

9 Q. Okay. Have you met with Drew Adams?

10 A. I have not.

11 Q. Did you request to meet with Drew Adams?

12 A. I did not.

13 Q. Did anyone tell you you could not meet with  
14 Drew Adams?

15 A. No.

16 Q. Have you evaluated Drew Adams?

17 A. Clarify what you mean by "evaluate."

18 Q. As a doctor, you conduct evaluations of your  
19 patients.

20 A. So I have not participated in the medical  
21 care of Drew Adams.

22 Q. Okay. So you have not treated Drew Adams  
23 either?

24 A. That is correct.

25 Q. And you haven't examined him, medically



1 examined Drew Adams either?

2 A. I have never met him.

3 Q. Did you ask for an independent medical  
4 examination?

5 A. I did not.

6 Q. Have you ever met with either of Drew Adams'  
7 parents?

8 A. I have not.

9 Q. Have you spoken with any of Drew Adams'  
10 treating physicians?

11 A. I'm -- I'm just trying to see if -- if the  
12 ones that were listed, if I've ever met them at a  
13 meeting. I've never spoke with them directly related  
14 to this case, no.

15 Q. So if you've spoken to any of the doctors,  
16 okay, you have never spoken with them about Drew  
17 Adams?

18 MR. KOSTELNIK: Form.

19 A. That is correct.

20 Q. (By Mr. Gonzalez-Pagan) Did anyone advise  
21 you that you could not speak to Drew Adams' treating  
22 physicians?

23 A. No.

24 Q. Do you believe that speaking with Drew  
25 Adams' treating physicians would have enabled you to

1 physiological definition.

2 A. He is post-pubertal, and that's how I  
3 define --

4 Q. So you consider him an adult?

5 A. No, I do not.

6 Q. So what -- what -- what would you consider  
7 Drew Adams, then?

8 A. I would consider him a post-pubertal female  
9 who identifies as a -- a male.

10 Q. Is it safe to say you consider him a  
11 post-pubertal teenager?

12 A. Yes.

13 Q. You said from a legal standpoint. From a  
14 legal standpoint, is Drew Adams an adolescent?

15 A. He has not reached the age of 18.

16 Q. And you -- just to clarify, you just stated  
17 that Drew is post-pubescent, correct?

18 MR. KOSTELNIK: Form.

19 A. Post-pubertal.

20 Q. (By Mr. Gonzalez-Pagan) Let me just rephrase  
21 that, because that was a form objection. Is Drew  
22 Adams post-pubertal?

23 A. Drew Adams is post-pubertal.

24 Q. Would you agree that Drew Adams is  
25 transgender?

1           A.    I -- as I said earlier, he is a biological  
2 female that identifies as a male. By that definition,  
3 he would qualified as a transgender individual.

4           Q.    Is Drew a transgender boy?

5           A.    Again, you have to be very careful when you  
6 make the designation. The -- the terminology that is  
7 often used right now would classify him as a  
8 transgendered male.

9           Q.    If Drew told you he was a boy, would you  
10 accept that?

11           MR. KOSTELNIK:   Form.

12           A.    It would depend on what he was asking in  
13 terms of that, if he was asking about his gender  
14 identity or his biology. If he was asking about  
15 whether he was biologically male or female, I would  
16 say that he's biologically female.

17           Q.    (By Mr. Gonzalez-Pagan) And if he told you  
18 that his gender identity was male?

19           A.    I would take him at his word.

20           Q.    If Drew told you he uses male pronouns,  
21 would you use male pronouns?

22           A.    My practice is to use as much respect as I  
23 can and within the confines of scientific and  
24 biological reality, I would not have [sic] not an  
25 objection to be able to identify him as he wished.

1 Q. So is that a "yes" or a "no"?

2 A. That is a -- to make sure I understand the  
3 question again, please address it again.

4 Q. If Drew asked you to use male pronouns,  
5 would you use male pronouns?

6 A. Yes.

7 Q. In your practice -- and I take it you've  
8 been practicing for several years, so in your  
9 practice, how many transgender patients have you  
10 treated in the past five years?

11 A. As stated explicitly in my declaration, I  
12 intentionally do not treat transgender patients.

13 Q. At all?

14 A. That is correct.

15 Q. In any -- for any treatment?

16 A. Oh, the ones that I'm aware of, I have not  
17 encountered any patients that have presented to me as  
18 transgendered for any other conditions. I have  
19 certainly encountered many patients where that was  
20 something under consideration or something that I  
21 suspected, but nobody has ever mentioned directly to  
22 me that they were transgendered.

23 Q. Okay. So to your knowledge, you have not  
24 treated any person that you knew was transgender?

25 MR. KOSTELNIK: Form.

1           A.     Well, again, if you would -- yeah, that is  
2 true for -- for the -- the patient -- somebody like  
3 Drew Adams that was biologically normal. I have  
4 certainly cared for hundreds of patients that have  
5 disorders of sexual development. Many practitioners  
6 will include those in that designation. I believe  
7 that they are a completely different patient  
8 population than Drew Adams.

9           Q.     (By Mr. Gonzalez-Pagan) What is gender  
10 dysphoria?

11          A.     Gender dysphoria is the discomfort that one  
12 experiences related to gender identity that does not  
13 conform with one's biological sex.

14          Q.     Is that the definition in the DSM?

15          A.     Yes.

16          Q.     It uses the word "discomfort"?

17          A.     I'd have to go look back at the exact  
18 wording of that. It's the difficulty that they  
19 experience, psychological difficulty with that, yes.

20          Q.     Okay. And based on your testimony, would  
21 you agree that you have not treated any transgender  
22 patients for gender dysphoria?

23          A.     Yes, I would agree.

24          Q.     Would you agree that Drew's treating  
25 physicians have diagnosed him with gender dysphoria?

1 A. I would agree, yes.

2 Q. Would you agree that Drew Adams suffers from  
3 gender dysphoria?

4 A. Based on the information presented to me, I  
5 would accept that. I have nothing to dispute that.

6 Q. What do you understand gender-affirming  
7 treatment to mean?

8 MR. KOSTELNIK: Form.

9 A. So gender-affirming treatment?

10 Q. (By Mr. Gonzalez-Pagan) Yes.

11 A. That is the treatment paradigm that rather  
12 than challenging the discrepancy between biological  
13 sex and gender identity, it is affirmed and validated  
14 in the individual, his -- encouraged in that  
15 transgendered identity.

16 Q. So I just want to clarify a little bit,  
17 because you used different words there for what's  
18 being -- you said not challenge, correct?

19 A. That is correct.

20 Q. You said that it's accepted, that they  
21 accept the gender identity of the --

22 A. And -- and I would say even encourage.

23 Q. So that's where I was going.

24 A. Yes.

25 Q. So you think not challenging is the same as

1 the person putting forward this clinic and trying to  
2 understand what care that was being proposed to be  
3 provided in the setting of that context in my role as  
4 the director of our -- or the chief of our division of  
5 endocrinology.

6 Q. Just to be clear, though, you have never sat  
7 in a meeting between a provider and a patient  
8 discussing their treatment options for gender  
9 dysphoria?

10 A. That is correct, I've never been in the room  
11 with a patient while that care is being discussed.

12 Q. All right. Would you agree that Drew Adams'  
13 doctors have concluded that gender-affirming treatment  
14 is appropriate treatment for him?

15 A. That is what they concluded, yes.

16 Q. Would you agree that Drew Adams' doctors  
17 have concluded that the gender-affirming treatment has  
18 been helpful to Drew?

19 A. I believe that that's what they claim, yes.

20 Q. Do you agree that Drew Adams' gender-  
21 affirming treatment has been beneficial for him?

22 A. It depends on what you mean by beneficial.  
23 I think that it is far too early to know what the  
24 long-term outcome -- outcomes are going to be from  
25 what is being provided for Drew Adams.

1 Q. As we stand here today, has the  
2 gender-affirming treatment been beneficial to Drew  
3 with regards to his gender dysphoria?

4 MR. KOSTELNIK: Object to form.

5 A. So similar to the literature that has  
6 already been published in this area, Drew, by the  
7 reports that I've read, is experiencing a -- a  
8 lessening of the dysphoria in relation to the gender  
9 discordance, and I would say that based on the  
10 information that I saw, the answer is yes.

11 Q. (By Mr. Gonzalez-Pagan) As we stand here  
12 today, do you agree that Drew Adams' gender-affirming  
13 treatment has improved his quality of life?

14 A. So again, I can't say with certainty what  
15 actually has improved his quality of life. I can say,  
16 based on the record, that he is better adjusted than  
17 previously.

18 Q. Dr. Hruz, you're an endocrinologist,  
19 correct?

20 A. That is correct.

21 Q. You're not a psychiatrist, correct?

22 A. That is correct.

23 Q. You're not a psychologist?

24 A. That is correct.

25 Q. Are you a licensed mental healthcare



1 provider of any kind?

2 A. I am not.

3 Q. Can you diagnose gender dysphoria?

4 A. I can -- I can diagnose gender dysphoria to  
5 the extent that my colleagues, as pediatric  
6 endocrinologists, follow the DSM-5 and look at the  
7 criteria and put the check boxes there. That is the  
8 extent of what my colleagues, as pediatric  
9 endocrinologists, do, and I'm just as capable of doing  
10 that as they are.

11 Q. As an endocrinologist, do you routinely  
12 diagnose conditions in the DSM-5?

13 A. I -- I do not -- well, let me -- I'm  
14 trying -- the reason I'm waiting is I'm trying to  
15 think as I put in my ICD9 codes in my visits, I do  
16 believe that I've actually added them, but I do not  
17 consider myself as a psychiatrist to making those  
18 diagnoses, no.

19 Q. Do you have any basis to know whether Drew  
20 Adams has suffered distress as a result of being  
21 denied access to the restroom consistent with his  
22 gender identity?

23 A. I can only evaluate what is contained within  
24 his patient chart and the literature -- or the  
25 information that was provided to me.

1 exact basis of that cannot be determined with -- in  
2 the context of what the medical record shows.

3 Q. Again, having reviewed the medical records,  
4 is there anything in the medical records that leads  
5 you to believe that Drew Adams' anxiety cannot be  
6 attributed in part to his being denied access to the  
7 restroom consistent with his gender identity?

8 MR. KOSTELNIK: Form.

9 A. There are certainly entries in the medical  
10 record that indicate that his treating providers  
11 believed that that was a contributing factor. Whether  
12 that was or was not true, I don't have a basis to  
13 judge.

14 Q. (By Mr. Gonzalez-Pagan) Okay. Do you agree  
15 that Drew Adams feels stigmatized as a result of being  
16 denied access to the restroom consistent with his  
17 gender identity?

18 MR. KOSTELNIK: Form.

19 A. My understanding from what I've read is that  
20 he does make that claim.

21 Q. (By Mr. Gonzalez-Pagan) Do you agree that  
22 Drew Adams' gender dysphoria is exacerbated as a  
23 result of his being denied access to the restroom  
24 consistent with his gender identity?

25 A. I can state that that claim has been made,

1 not -- not proven.

2 Q. Do you have any basis to dispute the claim?

3 A. No.

4 Q. Having never met, evaluated, examined or  
5 treated Drew Adams, can you offer an opinion regarding  
6 Drew Adams specifically?

7 MR. KOSTELNIK: Form.

8 A. My opinions in this case are based upon a  
9 review of the medical literature and in the condition  
10 itself, and that is what I am offering to the court in  
11 my serving as an expert witness.

12 Q. (By Mr. Gonzalez-Pagan) Okay. Can you point  
13 me to where you have specific opinions with regards to  
14 Drew Adams in your report?

15 A. I specifically cover the medical  
16 information. I do have a paragraph in there where  
17 I -- I go through the details of what the allegations  
18 are, and --

19 Q. Is that Paragraph 12?

20 A. I -- yes, that is correct.

21 Q. Is that a description of the case details?

22 A. That is correct.

23 Q. Is there any opinion specific as to Drew  
24 Adams in Paragraph 12?

25 A. No.

1 Q. Is there any opinion specific as to Drew  
2 Adams anywhere else in the report?

3 A. No. My opinions are based on -- near the  
4 end of my declaration, I specifically state the  
5 concerns in a -- in a general sense of all patients  
6 that are -- are faced with this particular condition.  
7 And I think that that certainly is pertinent to Drew  
8 Adams in addition to the many other individuals that  
9 are suffering from this condition.

10 Q. Okay. But none of those opinions are  
11 specific to Drew Adams?

12 A. They are applicable to all individuals that  
13 present as Drew Adams does.

14 MR. GONZALEZ-PAGAN: Move to strike as  
15 nonresponsive.

16 Q. (By Mr. Gonzalez-Pagan) Are they specific to  
17 Drew Adams?

18 A. They include Drew Adams. They are not  
19 limited to Drew Adams.

20 Q. Would you agree that those opinions are  
21 general in nature and not specific to Drew Adams?

22 A. Yes.

23 Q. Having never met, evaluated, examined or  
24 treated Drew Adams, can you make an assessment as to  
25 whether Drew Adams suffers from gender dysphoria?

1 clinical guidelines?

2 A. I would let them know that the clinic was  
3 available, and I would let the people in that clinic,  
4 if they chose to attend that clinic, present all of  
5 the information for the basis for their treatment  
6 approach.

7 Q. So you wouldn't inform the patient that the  
8 treatment is in accordance with the clinical  
9 guidelines?

10 A. I'm envisioning the hypothetical situation  
11 that you're talking about, and the extent of my normal  
12 clinic visit and how much time I have to present all  
13 of the -- the important aspects of clinical care, and  
14 I'm envisioning that there would be a limit of the --  
15 the length of that conversation if I was going to  
16 adequately address all of the other relevant issues  
17 that I was caring that patient for [sic].

18 Q. Would you suggest that the patient seek  
19 conversion therapy?

20 A. No.

21 Q. Is the treatment at the transgender center  
22 consistent with the position and recommendations of  
23 the American Medical Association?

24 A. I -- as I understand it, yes.

25 Q. Is the treatment at the transgender center

1 consistent with the position and recommendations of  
2 the American Academy of Pediatricians?

3 A. The AAP, yes.

4 Q. Is the treatment at the transgender center  
5 consistent with the position and recommendations of  
6 the American Psychiatric Association?

7 A. I don't follow those as closely, but I would  
8 assume yes.

9 Q. Is the treatment at the transgender center  
10 consistent with the position and clinical guidelines  
11 of the American Psychological Association?

12 A. The same as the last answer. To my  
13 knowledge, I don't know them specifically, but I would  
14 say yes.

15 Q. Okay. Let's go a little bit for some of  
16 your memberships. You're a member of the American  
17 Medical Association, right?

18 A. No.

19 Q. Were you a member of the American Medical  
20 Association?

21 A. I was in the past, yes.

22 Q. Are you a member of the American Academy of  
23 Pediatricians?

24 A. Yes.

25 Q. Is your position in your report and as you

1 sit -- sit here today consistent with the position of  
2 the American Academy of Pediatricians?

3 A. It is not consistent with the -- the opinion  
4 that is presented by the AAP. Again, I will note that  
5 is not a -- a position that has been voted upon by the  
6 entire membership of the AAP.

7 Q. Are the -- all the positions adopted by the  
8 AAP voted upon by the membership?

9 A. No. In fact, they're usually voted on by a  
10 very small select committee, a -- a very minority of  
11 the entire academy.

12 Q. So the position of the AAP on this subject  
13 has been adopted via its regular procedures?

14 A. Yes. Which -- which I would add do not  
15 involve membership of the entire academy.

16 Q. Are you a member of the Endocrine Society?

17 A. Yes, I am.

18 Q. Are your positions here today and in your  
19 report consistent with the clinical guidelines of the  
20 Endocrine Society?

21 A. They are at odds with the recommendations  
22 that are put forward, the guidelines that are put  
23 forward for the treatment of gender dysphoria.

24 Q. You're a member of the Pediatric Endocrine  
25 Society, correct?

1 A. Yes, I am.

2 Q. Are your positions here today and the  
3 positions in your report consistent with the positions  
4 adopted by the Pediatric Endocrine Society?

5 A. They are not, and I've actually written to  
6 the PES on more than one occasion with my opinions and  
7 invited them to dialogue about the -- the scientific  
8 evidence that I have in dispute from -- that are  
9 included per the recommendations.

10 Q. And we've requested those comments, right?

11 A. Yes. And everything I have on file, I gave  
12 you everything I have. I don't have records of  
13 anything that I did not send you.

14 Q. You have published a body of literature in  
15 your career, correct? Right?

16 A. That is correct.

17 Q. How many peer-reviewed articles have you  
18 written and published regarding gender identity?

19 A. I have not published peer-reviewed articles  
20 on gender identity.

21 Q. How many peer-reviewed articles have you  
22 written and published regarding transgender people?

23 A. I have not written peer -- peer-reviewed  
24 papers on that topic.

25 Q. How many peer-reviewed articles have you



1 written and published regarding the treatment of  
2 transgender children and adolescents?

3 A. Again, as peer-reviewed, I have not written  
4 any.

5 Q. How many peer-reviewed articles have you  
6 written and published regarding the treatment of  
7 gender dysphoria?

8 A. I have not written any.

9 Q. How many peer-reviewed articles have you  
10 written and published regarding the use of restrooms  
11 by transgender students?

12 A. I have not written any.

13 Q. How many studies have you conducted  
14 regarding gender identity?

15 A. Conducted, I have not conducted any, but I  
16 am in the process right now of responding to a  
17 research funding announcement by the NIH to be able to  
18 engage in that research.

19 Q. But just to be clear, you haven't conducted  
20 any as we stand here today?

21 A. That is correct.

22 Q. And you -- have you submitted that proposal  
23 to the NIH?

24 A. I -- I have not.

25 Q. How many studies have you conducted

1 regarding transgender people?

2 A. I have not.

3 Q. How many studies have you conducted  
4 regarding the treatment of transgender children and  
5 adolescents?

6 A. I have not.

7 Q. How many studies have you conducted  
8 regarding the treatment for gender dysphoria?

9 A. I have not.

10 Q. How many studies have you conducted  
11 regarding the use of restrooms by transgender  
12 students?

13 A. I have not.

14 Q. So you have no experience treating gender  
15 dysphoria, right?

16 A. Treating gender dysphoria?

17 Q. Yes.

18 A. I have not -- as I said earlier, I have not  
19 treated patients with gender dysphoria.

20 Q. And you have no experience conducting  
21 studies regarding transgender youth and adolescents,  
22 correct?

23 A. Conducting studies, I have not, as I said,  
24 have not participated in any studies to date.

25 Q. And you have no experience conducting

1 studies regarding gender dysphoria?

2 A. I have not conduct -- as I said, I have not  
3 conducted any studies on gender dysphoria.

4 Q. Nor have you published any literature  
5 regard -- regard -- peer-reviewed literature regarding  
6 gender dysphoria?

7 A. Peer-reviewed, no.

8 Q. So having no experience treating transgender  
9 patients for gender dysphoria, no experience  
10 conducting studies regarding transgender people, and  
11 no experience publishing peer-reviewed literature  
12 regarding transgender people, you consider -- do you  
13 consider yourself an expert on transgender issues?

14 MR. KOSTELNIK: Object to form.

15 A. I am a physician/scientist who has  
16 extensively read the literature for the merits, as I  
17 do in any other condition, and I believe I have  
18 expertise related to my role as a physician and a  
19 scientist and a pediatric endocrinologist to  
20 adequately assess the quality and quantity of the  
21 literature that's present on this area.

22 Q. (By Mr. Gonzalez-Pagan) And having no  
23 experience treating gender dysphoria, no experience  
24 conducting studies -- scratch that.

25 Let's talk a little bit about your article,

1 with that, so --

2 Q. Is "Growing Pains" your only article on  
3 transgender people and gender dysphoria?

4 A. Yes.

5 Q. Are you familiar with the St. John Paul II  
6 Bioethics Center?

7 A. Absolutely.

8 Q. Is this St. John Paul II Bioethics Center a  
9 religiously affiliated institution?

10 A. Yes, it is.

11 Q. Is it part of the Holy Apostles College and  
12 Seminary?

13 A. Yes, it is.

14 Q. Did you speak at the St. John Paul II  
15 Bioethics Center just three days ago, on Friday,  
16 November 17th?

17 A. I did, yes.

18 Q. During your speech last Friday, did you --  
19 you said, "The identity of the individual is  
20 interactively linked to the body and the soul of the  
21 person." Is that right?

22 MR. KOSTELNIK: Form.

23 A. Repeat that again, just so I make sure you  
24 said that accurately.

25 Q. (By Mr. Gonzalez-Pagan) During your speech

1 last Friday, you said, "The identity of the individual  
2 is interactively linked to the body and soul of a  
3 person." Is that correct?

4 MR. KOSTELNIK: Form.

5 A. That is correct.

6 Q. (By Mr. Gonzalez-Pagan) During your speech  
7 last Friday, you said about being transgender, that,  
8 in fact, it probably goes back to some of the early  
9 heresies in the church; is that correct?

10 A. The introduction that I was providing to  
11 that audience was trying to put the context of the  
12 discussion in the proper framework, and I specifically  
13 made the statement that I am not a philosopher, that  
14 I'm going to be talking about issues of science and  
15 medicine. And it was an introduction to that talk  
16 to -- for that audience.

17 Q. Okay. Do you know who Caitlyn Jenner is?

18 A. Yes, I do.

19 Q. Caitlyn Jenner is a transgender woman,  
20 correct?

21 MR. KOSTELNIK: Form.

22 A. Caitlyn Jenner, formerly known as Bruce  
23 Jenner, is somebody that has been widely advertised  
24 in -- in the media related to the gender transition  
25 that -- that Caitlyn underwent.

1 Q. (By Mr. Gonzalez-Pagan) Is Caitlyn Jenner  
2 transgender?

3 A. By definition, yes.

4 Q. In referring to a picture of Caitlyn Jenner,  
5 did you not say these pictures are often disturbing?

6 A. I did. And that was the slide --  
7 specifically was the statement, not Caitlyn Jenner,  
8 but there were two other pictures presented in that  
9 talk of children saying I hate my body. That was what  
10 I was referring to.

11 Q. Just to be clear, when it comes to the  
12 treatment of transgender people and gender dysphoria,  
13 your only publication is in a religiously-affiliated  
14 journal and you've spoken to -- about the topic to  
15 religiously-affiliated institutions?

16 MR. KOSTELNIK: Form.

17 A. I have offered to speak at all institutions  
18 that have invited me. And to date, yes, that was --  
19 that was the institute that -- that invited me to  
20 speak last Friday.

21 Q. (By Mr. Gonzalez-Pagan) When did you first  
22 become interested in the matter of transgender people  
23 and the treatment of -- for gender dysphoria?

24 A. It was about five to six years ago, as chief  
25 of our Division of Endocrinology, when the question

1 claims that were made by Drew Adams were  
2 scientifically justified and accurate.

3 Q. And just to be clear, you're not a  
4 psychiatrist?

5 A. That is correct.

6 Q. And you're not a psychologist?

7 A. That is correct.

8 Q. And you're not a mental healthcare provider  
9 of any kind?

10 A. That is correct.

11 Q. Have you ever been a school administrator  
12 for a public school?

13 A. I have not.

14 Q. Have you ever been a teacher for a public  
15 school?

16 A. Not for a public school, unless you consider  
17 my role as an educator at the university of -- or  
18 Washington University a teacher.

19 Q. Let me clarify. Have you ever been a  
20 teacher for K to 12 education?

21 A. No.

22 Q. Have you spoken with school administrators  
23 with regards to the access to restrooms for  
24 transgender students?

25 A. No.

1 Q. Just to clarify, did you submit an expert  
2 report or a rebuttal report?

3 A. An -- an expert opinion report. And I also  
4 submitted -- you requested information from prior  
5 litigation, and that included a rebuttal report.

6 Q. Okay. So you know the difference between a  
7 rebuttal report and an expert report?

8 A. Yes, I do.

9 Q. Okay. And the -- it is your understanding  
10 that the report that you submitted in this case is an  
11 expert report, not a rebuttal report?

12 A. That's my understanding. Again, I would  
13 rely on the legal counsel to -- to clarify if I'm in  
14 error there.

15 Q. What did you do to write your report?

16 A. Start back from five to six years ago when I  
17 started investigating the scientific information.  
18 I -- I -- I've gathered the information for the last  
19 five to six years, and initially I was not doing that  
20 for the purpose of writing an expert declaration. In  
21 fact, at the beginning I had no clue that I would ever  
22 be serving in this capacity.

23 But I drew upon that information that I  
24 obtained in the reading of the literature over the  
25 past five to six years, my conversations with parents



1           A.    I provided everything that I have access to  
2 right now that I can recall. I'm only stating that  
3 there are likely other papers that I do not have  
4 access to, because I did not keep track of it at the  
5 time that I read them or looked at them.

6           Q.    Okay. Have you spoken with Dr. Allan  
7 Josephson?

8           A.    Yes, I have.

9           Q.    When?

10          A.    On multiple occasions.

11          Q.    Can you please describe?

12          A.    I met Dr. Josephson within the last year  
13 as -- it was probably in the spring at some point in  
14 time, the first time that I actually met him. We've  
15 had a number of conversations over this past year,  
16 specifically related to his expertise as -- as a  
17 psychiatrist and mine as an endocrinologist. I have  
18 drawn upon him for questions related to psychiatric  
19 issues that -- that I did not have expertise in, to  
20 gather his opinion.

21          Q.    In what capacity did you first  
22 counter-interact with Dr. Josephson?

23          A.    It was at a conference that was put together  
24 to bring experts from various disciplines to this  
25 question of -- of gender dysphoria.

1 Q. Who put that conference together?

2 A. The Alliance Defending Freedom.

3 Q. The Alliance Defending Freedom is a  
4 religiously-affiliated institution, isn't it?

5 A. If you say so. I don't pay attention to  
6 what their religious affiliation is.

7 Q. When was this conference?

8 A. It was in the -- I don't know the exact  
9 date, but it was in the spring.

10 Q. Where was this conference?

11 A. It was in Phoenix.

12 Q. Aside from you and Dr. Josephson, do you  
13 recall any other experts, physicians or clinicians  
14 that attended this conference?

15 A. Yes, there were -- there was several other  
16 psychiatrists and psychologists. I don't remember  
17 their specific names, unfortunately. There were  
18 people that are in the social sciences. There was one  
19 other endocrinologist. I'm trying to remember who  
20 else was there. There were several lawyers from the  
21 ADA.

22 Q. Do you have any documents pertaining to this  
23 conference?

24 A. Not that I saved, no.

25 Q. Just to clarify, is there anything you

1 university, they offer gender-affirming treatment for  
2 gender dysphoric youth?

3 A. Yes, they do.

4 Q. Do they offer reparative treatment as a  
5 treatment for gender dysphoria at Boston Children's  
6 Hospital?

7 MR. KOSTELNIK: Form.

8 A. The word reparative therapy covers a lot of  
9 connotation by different people but to my  
10 understanding, they do not make any specific effort in  
11 counseling to lead to the realignment of gender with  
12 sex, if that's what you mean by conversion therapy.

13 Q. Before you started researching the issues of  
14 dysphoria around five years ago, had you met with  
15 Dr. Spack then?

16 MR. KOSTELNIK: Form.

17 A. Prior to five years ago, I do not recall a  
18 specific encounter yet. I'm sure we interacted at  
19 some point at one of the international meetings.

20 Q. (By Mr. Gonzalez-Pagan) In Paragraph 7, you  
21 state that you have met with parents of children with  
22 gender dysphoria; is that correct?

23 A. That is correct.

24 Q. In what capacity have you met with the  
25 parents of transgender children?

1           A.     Again, this was at the very early time frame  
2 when I was trying to investigate the claims for the  
3 treatment and care, and I wanted to get as  
4 comprehensive of a viewpoint as I could. The first  
5 encounter I had was with a mother of an organization  
6 called Trans Parent Child, and I sat down for lunch  
7 with her for an extended period of time, more to  
8 listen to the experience that she had in countering a  
9 transgender child that she had.

10           Q.     With how many parents of transgender  
11 children have you met?

12           A.     Met or spoken on the phone? I think lately  
13 many of them have been over the telephone. I would  
14 say it's less than a dozen, but it's quite a few, and  
15 it's actually increased certainly since the  
16 publication of the "New Atlantis" article.

17           Q.     So in the last five years, you've spoken to  
18 less than a dozen parents of transgender children?

19           A.     Yes.

20           Q.     When you first met with the parent of the --  
21 associated with the organization Trans Parent, was  
22 this before you dealt -- scratch that.

23                   MR. GONZALEZ-PAGAN: You're going to object  
24 anyway.

25           Q.     (By Mr. Gonzalez-Pagan) When you met with

1 the parent associated with the association Trans  
2 Parent, had you already delved into the literature  
3 regarding gender dysphoria?

4 A. I was starting the process. It was very  
5 early on, so I don't recall the exact timing. I had  
6 read some papers, but I was still in the very early  
7 investigative phase.

8 Q. You said you have been contacted by parents  
9 since the publishing of your article "Growing Pains."  
10 Is that correct?

11 A. That is correct.

12 Q. How many have contacted you since the  
13 publishing of the article "Growing Pains"?

14 A. I'm not keeping track of that.

15 Q. Less than 35?

16 A. It may be more than five. Probably less  
17 than a dozen.

18 Q. What did you discuss with the parents of the  
19 transgender children that have contacted you since the  
20 publishing of your article "Growing Pains"?

21 A. I specifically discussed the context of my  
22 "New Atlantis" article in my role as a physician,  
23 which I always take as being a teacher. I try to  
24 educate them on my understanding of the condition and  
25 the treatment paradigm that was being offered to their

1 access the bathrooms as the cause of Drew's distress  
2 is not supported.

3 Q. But you're not a mental health provider,  
4 right?

5 A. That is correct.

6 Q. And you've never met with Drew, right?

7 A. That is correct.

8 Q. Let's go back to the meetings with parents  
9 that you had when you were first delving into this  
10 topic?

11 A. Very good.

12 Q. You discussed that you met with a parent  
13 associated with an organization called Trans Parent;  
14 is that correct?

15 A. That is correct.

16 Q. What did you learn from that meeting?

17 A. I learned quite few things. The most  
18 important thing that I learned, and that was what I  
19 was actually seeking in the interaction, was to really  
20 understand the suffering that was going on in this  
21 family. I wanted to understand the dynamics of what  
22 was going on in the family, the approach that the  
23 parents had in dealing with the presentation of their  
24 child, what they had attempted to do to address this  
25 particular issue, and at that point in time, I was

1 approaching this in a purely investigative manner. I  
2 did more listening than anything else, asking  
3 questions about their lived experience.

4 Q. What did the parent tell you?

5 A. Well, that was many years ago, but I will  
6 try to summarize my recollection of that conversation.  
7 This was with the mother. And she shared that this  
8 child, who was a prepubertal in early grade school,  
9 told her, when the mother was talking -- they were  
10 combing hair or something of that nature -- that she  
11 would -- he, at that time, was a girl, so she was  
12 referring to him as a girl, and that the parents'  
13 reaction initially was shock, fear, trying to  
14 understand what was going on, trying to be able at  
15 that time -- this was early on in this resurgence --  
16 or emergence, I should say of this discussion that's  
17 going on socially, so there wasn't, at that time, a  
18 lot of resources being published on the Internet.

19 So she shared her attempt to look at what  
20 experience people have had with this particular  
21 condition. And I saw at that time, certainly a parent  
22 that was desiring to do the best for their child, but  
23 having questions that were not answered, and at that  
24 time, with the information I had, I was certainly not  
25 able to provide any answers. And, in fact, at this

1 point in time, I don't think I would have been able to  
2 specifically answer the questions that she had as far  
3 as long-term outcomes, because we don't have that  
4 information. It was a very respectful conversation.  
5 It was very helpful. I think that it was mutually  
6 beneficial, but, again, the purpose was for me to  
7 understand this particular family and their experience  
8 with transgender identity.

9 Q. What is the organization Trans Parent?

10 A. All I know is it's a -- it's supposed to be  
11 a support group, and I think that the parents  
12 themselves, the woman I talked to at that time was  
13 trying to get out information so other people  
14 understood what they were experiencing.

15 Q. In that meeting with the parents of a  
16 transgender -- let me scratch that.

17 The next set of the questions I'm just going  
18 to be focusing on that one parent.

19 A. Okay.

20 Q. In that meeting with the parent of the  
21 transgender child, did you ever tell the parent that  
22 their child was not normal and would never be normal?

23 A. I did not, because I was still investigating  
24 and trying to understand what was going on.

25 Q. In that meeting with the parent of that



1 transgender child, did you ever tell that parent that  
2 their transgender son was a girl and would never be a  
3 boy?

4 A. I never said that, no.

5 Q. In that meeting with the parent of that  
6 transgender child, have you ever told -- scratch that.

7 In that meeting with the parent of a  
8 transgender child, did you ever tell the parent that  
9 surgeries attempting to change sex was wrong and went  
10 against God's plan for humanity?

11 A. No, not that I recall. That was many years  
12 ago, but I don't remember that, no.

13 Q. In that meeting with the parents of the  
14 transgender child, did you not urge them to read Pope  
15 John Paul II's writing on gender to fully understand  
16 God's plan regarding gender?

17 A. Thank you for reminding me. That was a long  
18 time ago, so this is bringing back some information.  
19 I believe that -- this was a personal conversation.  
20 This was a one-on-one conversation, and I think at the  
21 time that we began talking about that, she started  
22 relating her personal faith training, and I never back  
23 away from those conversations when people are asking  
24 me those questions, and I think that that's what led  
25 to that particular conversation.

1 in individuals. That was the intent of that  
2 statement, and I believe it is the useful statement  
3 for that purpose.

4 Q. I get that, so I'm not -- and I'm not trying  
5 to be like moving to strike here all the time, and I'm  
6 not trying to, but the question is, do you think that  
7 the limitation that those studies don't distinguish  
8 between post-pubescent and pre-pubescent youth is  
9 important?

10 A. I think that it is certainly something that  
11 needs to be considered, yes.

12 Q. Okay. Do you think you should have  
13 disclosed that to the court?

14 MR. KOSTELNIK: Object to form.

15 A. For the purposes of putting my declaration  
16 together, I believe that I adequately summarized my  
17 understanding of the situation related to Drew Adams'  
18 case.

19 Q. (By Mr. Gonzalez-Pagan) Drew Adams, by your  
20 own testimony, is a post-pubescent teenager?

21 A. That is correct.

22 Q. Don't you think that that limitation should  
23 have been disclosed to the court?

24 MR. KOSTELNIK: Object to form.

25 A. Drew Adams was also a late onset gender

1 dysphoric individual, and that is a population that  
2 was not covered in these studies, and there is no  
3 evidence as to what the outcome is in those  
4 individuals.

5 Q. (By Mr. Gonzalez-Pagan) Okay. So in any  
6 event, the studies, then, that you cite are  
7 inapplicable to Drew Adams?

8 MR. KOSTELNIK: Form.

9 A. I believe that they are applicable to him in  
10 the context of what is known, and I will assert  
11 there's so much that is unknown about this condition,  
12 I think it is relevant based on the quality of  
13 evidence that is and needs to be considered by the  
14 court.

15 Q. Are there any other limitations to the  
16 studies to which you cite in Paragraph 28?

17 A. There are many limitations to the studies.  
18 Most of the earlier studies had very small sample  
19 lines. There is -- again, since they were done over  
20 an extended period of time, the cultural milieu has  
21 changed, and so I think that there are many, many  
22 limitations of the studies, and that certainly needs  
23 to be considered. The fact is that they've all shown  
24 consistently the same result despite the fact that  
25 they were done in different patient populations during

1 marked as Exhibit C -- 6. Can you please mark -- go  
2 to the Page 2205. It's the last page.

3 A. Yeah, okay. Okay.

4 Q. Could you please read for me the  
5 conclusions -- well, actually, let's go back. Do you  
6 recognize this document?

7 A. Yes, I do.

8 Q. What is it?

9 A. It -- well, it's a treatment -- an update on  
10 the treatment and outcomes of precocious puberty.

11 Q. Okay. Is this a peer-reviewed journal  
12 article?

13 A. It looks like it's a -- a statement. I'm  
14 not sure exactly. It's a JC&M, so it probably went  
15 through some -- a peer-reviewed process, yes.

16 Q. Okay. Let's go to the conclusions, please.

17 A. Okay.

18 Q. Could you please read the conclusions for  
19 me?

20 A. "Precocious puberty is a common problem seen  
21 in pediatric endocrinology practice. Identification  
22 of the child with pathological pubertal development  
23 allows for accurate diagnosis and application of  
24 current treatment strategies. Recent improvements in  
25 therapeutic agents allow for a complete suppression of

1 CPP with less discomfort to the patient and  
2 improvement of height outcomes, particularly those  
3 less than six years old."

4 "Our major gaps in understanding lie in the  
5 area of long-term outcomes, including endocrine and  
6 metabolic effects of precocious puberty. The most  
7 striking deficit is the lack of long-term data on the  
8 psychological and behavioral effects of precocious  
9 puberty and the effects of GNRHA treatment. We can  
10 anticipate additional information on these aspects in  
11 the years to come."

12 Q. Is it safe to say that this article  
13 concludes that there's a lack of long-term data on the  
14 effects of the treatment of precocious puberty with  
15 puberty blockers?

16 A. That is correct.

17 Q. Yet you said that you provide puberty  
18 blockers as a treatment for precocious puberty?

19 A. That is correct.

20 Q. How does that square with your concern of  
21 providing gender-affirming treatment due to the lack  
22 of long-term data?

23 MR. KOSTELNIK: Form.

24 A. So any decision that a practitioner makes is  
25 made on a risk/benefit analysis, and the risk/benefit

1 Q. Are you aware that the AMA, quote, "opposes  
2 the use of reparative or conversion therapy for sexual  
3 orientation or gender identity"?

4 MR. KOSTELNIK: Form.

5 A. I'm aware of the WPATH saying that, and I --  
6 I believe it may also be in the AMA statement as well.

7 Q. (By Mr. Gonzalez-Pagan) Are you aware that  
8 the American Academy of Pediatricians has stated that,  
9 quote, "In no situation is a referral for conversion  
10 or reparative therapy indicated"?

11 A. I'm aware of that statement, yes.

12 Q. Are you aware that a publication by the  
13 American Psychological Association and the U.S.  
14 Department of Health and Human Services states that  
15 interventions -- quote, "Interventions aimed at a  
16 fixed outcome, such as gender conformity or  
17 heterosexual orientation, including those aimed at  
18 changing gender identity, gender expression and sexual  
19 orientation are coercive, can be harmful and should  
20 not be part of the behavior health treatment"?

21 MR. KOSTELNIK: Form.

22 A. I am aware of that statement, but there is  
23 no scientific evidence to support that statement.

24 Q. (By Mr. Gonzalez-Pagan) On what basis do you  
25 disagree with that statement?

1           A.     I never said that I was advocating for one  
2     position to the other. I merely said that there's no  
3     science to back up the assertion that this is -- needs  
4     to be mandated.

5           Q.     So do you believe that Drew Adams should not  
6     be allowed to use the boys' restroom?

7           MR. KOSTELNIK: Object to form.

8           A.     I have never made a school policy. I'm not  
9     a witness making any opinions about what the school  
10    policy is. I'm merely stating what the science is  
11    behind the treatment paradigm that is currently being  
12    advocated.

13          Q.     (By Mr. Gonzalez-Pagan) So you do not have  
14    any opinion as to whether the current policy should or  
15    should not be implemented at St. John's County School  
16    District?

17          A.     That would require me to have experience as  
18    a school administrator or making school policies,  
19    which I do not have that experience.

20          Q.     So again, can you say whether the current  
21    policy of the School Board of St. John's County should  
22    or should not be implemented?

23          MR. KOSTELNIK: Form.

24          A.     Again, I said I don't have the  
25    qualifications as far as making school policy to make

1 outcome as far as persistence or desistence.

2 Q. When did you first speak to Dr. Josephson  
3 about this case?

4 A. Oh, I believe it was within the last month.

5 Q. Did you speak to Dr. Josephson before or  
6 after you were retained as an expert in this case?

7 A. After.

8 Q. Just cleaning up a little bit. Going back  
9 to 2012 and 2013 again, you testified that you spoke  
10 to Dr. Norman Spack around 2012 and 2013?

11 A. Yes.

12 Q. Can you please describe that conversation  
13 for us?

14 A. Dr. Spack had come to Washington University  
15 and presented his treatment approach in the context of  
16 all the discussion that was going on at that time as  
17 to whether we should initiate the transgender  
18 treatment program. In addition to the talk and the  
19 question session after that, we had a panel or  
20 actually a round table discussion with a number of the  
21 different providers, not only within the Endocrine  
22 Division, but also with a representative from  
23 adolescent medicine, our psychologist, a number of  
24 different individuals. This was at the time when the  
25 Endocrine Society acknowledged that this care was



1 controversial, that it was unsettled as far as the  
2 science was concerned, and there was lots of  
3 discussion going on not only at my university, but at  
4 the national level.

5 The discussion at that time revolved around  
6 all of -- much of the data that I had not fully read.  
7 I read some of the papers, but I certainly hadn't read  
8 all of them, and there were differing opinions  
9 expressed at that point in time. The individuals that  
10 have gone on to direct that clinic and -- were  
11 certainly taking one approach, in my opinion, even at  
12 that time, made comments that -- of where my questions  
13 were related to that condition.

14 And I distinctly remember, and this actually  
15 led into the "New Atlantis" article at the very end,  
16 Dr. Spack recognized that I was unconvinced by the  
17 level of scientific evidence supporting this care, and  
18 I distinctly remember him saying, "Well, if you can't  
19 accept cross-hormone treatment, at least do puberty  
20 suppression because it's safe and reversible." And  
21 that's almost a verbatim quote, and I've heard this by  
22 many other individuals as well. And that prompted me  
23 to investigate the claims about whether that truly was  
24 safe and reversible, and that led to the "New  
25 Atlantis" publication.

1 Q. What were the opinions expressed by  
2 Dr. Spack besides saying that puberty blockers were  
3 safe and reversible?

4 A. He essentially made the argument based upon  
5 the Dutch experience that this was necessary to  
6 prevent individuals from committing suicide, that this  
7 was a life-saving intervention, and he took quite  
8 great pride in being able to participate at that stage  
9 of his career in that intervention. As far as the  
10 data presented at that time that this was a long-term  
11 solution, was not offered by Dr. Spack, and certainly  
12 the concerns related to the medical risks, and I  
13 believe at that point in time we were talking a little  
14 bit about philosophical discussions as well, as far as  
15 what it means to be a man and what it means to be a  
16 women. It was a very respectful conversation, but at  
17 the level of scientific evidence to support what he  
18 was recommending, I found it completely lacking.

19 Q. What do you mean by philosophical  
20 conversations about what it means to be a man and what  
21 it means to be a woman?

22 A. I mean exactly what it says. I don't  
23 remember the details of the conversation.

24 (Phone ringing. Whereupon an off-the-record  
25 discussion was held.)

1 Q. (By Mr. Gonzalez-Pagan) Do you need me to  
2 restate the question?

3 A. Please.

4 Q. What do you mean by the philosophical  
5 conversations about what it means to be a man and what  
6 it means to be a woman?

7 A. I would say it includes the discussion of --  
8 from a biological standpoint about what it means to be  
9 a women. At that point in time there was lots of  
10 discussion about the terms "sex gender," "gender  
11 identity" and "sexual orientation" that was included  
12 in that discussion. There was, I believe at that  
13 point in time, a lot of conflicting assertions that  
14 were being made by different people about whether sex  
15 and gender were the same or different, and the  
16 arguments were being made pro and con. More specific  
17 details, I don't recall.

18 Q. And you stated that there was controversy  
19 about the provision of care for gender dysphoria at  
20 the time in the Endocrine Society?

21 A. That is correct. My first recollection was  
22 at one of the national Pediatric Endocrine Society  
23 meetings when this new paradigm was introduced. And  
24 as I recall, there was a very strong reaction by a  
25 number of members of the audience related to what was

1 amount of experience that somebody who is a  
2 clinical -- a full-time clinician versus -- now, I --  
3 I know from my own experience many people that are  
4 listed on those clinical studies were not the ones  
5 that designed the trial. They're not the ones  
6 analyzing the data. Their role usually in those  
7 studies, as clinical faculty, are usually in filling  
8 out and the protocols that are present for those. And  
9 now the specifics of the trial that she's involved  
10 with, I would have to look in more detail to assess  
11 that in -- in greater detail.

12 Q. Okay. Do you know what her role is?

13 A. You'll have to tell me what the study is  
14 and -- and give me more information to be able to do  
15 that.

16 Q. Did you review Dr. Ehrensaft's expert --  
17 expert report in this case?

18 A. I did.

19 Q. Have you published any peer-reviewed  
20 literature regarding gender dysphoria or transgender  
21 youth?

22 A. These are questions that I've already  
23 answered, and the answer is no.

24 Q. Okay. Are you aware that Dr. Ehrensaft has  
25 published a number of peer-reviewed articles regarding